STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	004440	A. BUILDING _____ B. WING _____	C 10/11/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHANDLER HOUSE	2879 S LIMA RD KENDALLVILLE, IN 46755

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00116935. Complaint IN00116935 - Substantiated. No deficiencies related to the allegation are cited. Survey date: October 11, 2012 Facility number: 004440 Provider number: 004440 Aim number: N/A Survey team: Rick Blain, RN - TC Census bed type: Residential: 34 Total: 34 Census payor type: Other: 34 Total: 34 Sample: 3 Chandler House was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00116935. Quality review completed on October 12, 2012 by Bev Faulkner, RN	R 000		